## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		
Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼
		C C00489799
Check if 24-hour report 48-hour report	New report Amends report	filed on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
76 Words		M M / D D / Y Y Y Y
Mailing Address		07 27 2016
Mailing Address 1806 Vernon St, NW #100		Amount
City		2050.00
g.s	C 20009	Transaction ID : B621103  Date of Disbursement or Obligation
Purpose of Expenditure Online video production-Estimated costs	Category/ Type 004	07 27 2016
Name of Federal Candidate	Support (	Office Sought: House District:
Clinton / Kaine	Oppose	President Senate State: US
Colonday Voor To Date		Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought		Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
Planned Parenthood Action Fund Inc.		07 27 2016
Mailing Address 123 William St, 10th Floor		61 21 2010
Í		Amount
City Sta	ate Zip Code	5000.00
New York	IY 10038	Transaction ID : B621104
Purpose of Expenditure		Date of Disbursement or Obligation
Video footage-Estimated costs	Category/ Type 004	07 27 2016
Name of Federal Candidate	X Support	Office Sought: House District:
Clinton / Kaine	Oppose	President Senate State: US
Calendar Year-To-Date		Disbursement For: Primary X General
Per Election for Office Sought		2016 Other (specify) ▶
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		
(a) SUBTOTAL of Itemized Independent Expenditures		7050.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(b) 300101AL of Officernized independent Experiations		
(c) TOTAL Independent Expenditures		
		7 7
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	authorized committee or agent of	·
Deirdre Schifeling		M = M / D = D / Y = Y = Y
	[Electronically Filed] Date	07 29 2016
Signature		

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Planned Parenthood Votes	C C00489799				
	5, 55,55,50				
Check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee Planned Parenthood Advocates of Ohio	Date of Public Distribution/Dissemination				
	07 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 206 E State St.	Amount				
City State Zip Code	4256.41				
Columbus OH 43215	Transaction ID : B621105 Date of Disbursement or Obligation				
Purpose of Expenditure Canvassing  Category/ Type  004	07 29 2016				
Name of Federal Candidate Support O	ffice Sought: House District:				
Hillary Clinton Oppose	President Senate State: US				
Galchaal Ical to Date	isbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶				
Full Name of Payee Planned Parenthood Advocates of Ohio	Date of Public Distribution/Dissemination				
Fiantieu Farentinoou Auvocates of Offio	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 206 E State St.	Amount				
City State Zip Code	1891.73				
Columbus OH 43215	Transaction ID : B621109  Date of Disbursement or Obligation				
Purpose of Expenditure Events  Category/ Type  004	07				
Name of Federal Candidate Support C	office Sought: House District:				
Hillary Clinton Oppose	President Senate State: US				
	isbursement For:  Primary				
(a) SUBTOTAL of Itemized Independent Expenditures					
	7 7 7				
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7				
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Deirdre Schifeling [Electronically Filed] Date Signature	07 29 2016				
Oignature					

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LINDLINI LXI LINDI	TOTILO	PAGE 3 OF 4 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Planned Parenthood Votes			C C00489799			
Check if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Planned Parenthood Advoc	ates of Ohio		Date of Public Distribution/Dissemination			
Mailing Address 206 E State St.			07 29 2016 Amount			
City	State	Zip Code	4256.41			
Columbus	ОН	43215	Transaction ID : B621108  Date of Disbursement or Obligation			
Purpose of Expenditure Canvassing		Category/ Type 004	07 29 2016			
Name of Federal Candidate		Support	Office Sought: House District:			
Rob Portman		X Oppose	President Senate State: OH			
Calendar Year-To-Date Per Election for Office Sought		425765.08	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶			
Full Name of Payee Planned Parenthood Advocate	es of Ohio		Date of Public Distribution/Dissemination  07  07  07  07  07  07  07  07			
Mailing Address 206 E State St.			Amount			
City	State	Zip Code	4256.41			
Columbus	ОН	43215	Transaction ID : B621107  Date of Disbursement or Obligation			
Purpose of Expenditure Canvassing		Category/ Type 004	07 29 / Y 2016			
Name of Federal Candidate		X Support	Office Sought: House District:			
Ted Strickland		Oppose	President Senate State: OH			
Calendar Year-To-Date Per Election for Office Sought		425765.08	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent	Expenditures		. ▶ 8512.82			
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		·			
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Deirdre Schifeling Signature	[Electron	ically Filed] Date	07 29 / 2016			

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	NOCIVI EXPEND	HOHES		PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Planned Parenthood Votes			C	C00489799
Check if 24-hour report 48-hour rep	port New rep	oort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Planned Parenthood Action F	und Inc.		M = M	lic Distribution/Dissemination
Mailing Address 123 William St, 10th Floor			Amount	20 2016
City New York	State NY	Zip Code 10038		559.44 ID : B621102
Purpose of Expenditure Staff time for direct voter contact		Category/ Type 001	Date of Disk	oursement or Obligation  / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
Donald Trump		X Oppose		Senate State: US
Calendar Year-To-Date Per Election for Office Sought		200082.01	Disbursement For: 2016 Other (s	Primary
Full Name of Payee Planned Parenthood Advocates	of Ohio		Date of Pub	lic Distribution/Dissemination
Mailing Address 206 E State St.			Amount	
City	State	Zip Code	ميسل	4256.41
Columbus  Purpose of Expenditure	ОН	43215	Transaction Date of Disk	oursement or Obligation
Canvassing		Category/ Type 004	07 <sup>M</sup>	29 / 2016
Name of Federal Candidate  Donald Trump		Support  Oppose	Office Sought:  President	House District:  Senate State: US
Calendar Year-To-Date Per Election for Office Sought		200082.01	Disbursement For:	Primary X General
			,	
(a) SUBTOTAL of Itemized Independent Ex	penditures		<b>&gt;</b>	4815.85
(b) SUBTOTAL of Unitemized Independent	Expenditures		• •	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	26526.81
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Deirdre Schifeling Signature	[Electron	nically Filed] Date	9 07 29	2016